



Citizens Property Insurance Corporation

Citizens Service Center
6676 Corporate Center Parkway
Jacksonville, FL 32216-0973

Date of Notice: [PROCESSING DATE]

Policyholder:

[INSURED NAME]
[INSURED MAILING ADDRESS]

Policy Number: [POLICY NUMBER]
Expiration Date: [EXPIRATION DATE]
Named Insured:

[INSURED NAME]
[INSURED PROPERTY ADDRESS]

NOTICE OF ASSUMPTION AND NON RENEWAL

Please read carefully as this is the only notice you will receive.

THIS NOTICE AND THE ENCLOSED CERTIFICATE OF ASSUMPTION CONTAIN IMPORTANT INFORMATION ABOUT CHANGES AFFECTING YOUR POLICY WITH CITIZENS

You have 30 days from the date of assumption to decline. Please contact your agent by [ASSUMPTION DATE + 30 DAYS] if you do not want to participate in this assumption. Your agent's information is listed at the bottom of this notice.

Dear Policyholder:

On [ASSUMPTION DATE] at 12:01 AM, [TAKEOUT COMPANY NAME] assumed full responsibility for your property insurance policy previously issued by the Citizens Property Insurance Corporation (Citizens). The assumption of your policy by ABC Insurance Company is part of a program created by the Florida Legislature to reduce the number of properties insured by Citizens. Your agent consented to this assumption, and you did not request exclusion as provided in the initial notice given to you by [TAKEOUT COMPANY NAME]. Your current Citizens policy is now considered to be directly issued by [TAKEOUT COMPANY NAME] and will remain in effect until the expiration date shown above. This also is notice that this policy is non-renewed on the expiration date and any renewal or replacement policy will be issued by [TAKEOUT COMPANY NAME].

TO REPORT CLAIMS:

For claims on losses **on or after**, 12:01 AM, [ASSUMPTION DATE] – Call [TAKEOUT COMPANY NAME]: [TAKEOUT COMPANY CLAIMS PHONE NUMBER]

For claims on losses **prior** to 12:01 AM, [ASSUMPTION DATE] - Call the Citizens Claims Reporting Center at: (866) 685-1555.

TO REQUEST POLICY SERVICE AND FOR OTHER QUESTIONS:

For policy service, including coverage changes or cancellation requests - Contact your Citizens agent at [AGENT PHONE].

For questions regarding this notice - Call your Citizens agent at [AGENT PHONE].

cc: [AGENT NAME AND ADDRESS]



Policy Number: [POLICY NUMBER]
Expiration Date: [EXPIRATION DATE]
Named Insured:

Date of Notice: [PROCESSING DATE]

[INSURED NAME]
[INSURED PROPERTY ADDRESS]

Policyholder:

[INSURED NAME]
[INSURED MAILING ADDRESS]

CERTIFICATE OF ASSUMPTION

ASSUMPTION – [TAKEOUT COMPANY NAME] has assumed full responsibility for Citizens' obligations under this policy of insurance previously issued by Citizens, which policy is now considered to be directly issued by [TAKEOUT COMPANY NAME].

CLAIMS – [TAKEOUT COMPANY NAME] is directly responsible for all covered claim occurrences beginning [ASSUMPTION DATE] at 12:01 AM and continuing through the expiration date of your policy listed above.

For claims on losses occurring on or after 12:01 AM, [ASSUMPTION DATE] – Contact [TAKEOUT COMPANY NAME]: [TAKEOUT COMPANY CLAIMS PHONE NUMBER].

For claims occurring prior to 12:01 AM, [ASSUMPTION DATE] - Contact your Citizens agent at: [AGENT PHONE NUMBER]

SERVICING - Your agent will continue to provide service on your policy including any policy coverage questions or matters relating to endorsements, policy changes, or cancellations.

This Certificate of Assumption should be attached to your current policy. We at [TAKEOUT COMPANY NAME] look forward to fulfilling your future homeowner's insurance coverage needs.

IN WITNESS WHEREOF, [TAKEOUT COMPANYNAME] has caused this Certificate of Assumption to be executed with an effective date of [ASSUMPTION DATE] at 12:01 AM.

[TAKEOUT COMPANY PRESIDENT OR CEO SIGNATURE BLOCK]

[TAKEOUT COMPANY ADDRESS], [TAKEOUT COMPANY PHONE NUMBER]